

# US Decisions Inc.

An Independent Review Organization  
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**DATE NOTICE SENT TO ALL PARTIES:** Nov/14/2016

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** lumbar ESI under fluoroscopy w/ IV sedation

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:** MD, Board Certified Anesthesiology

**REVIEW OUTCOME:** Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

- ☒ Upheld (Agree)
- ☐ Overturned (Disagree)
- ☐ Partially Overturned (Agree in part/Disagree in part)

**Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute.** It is this reviewer's opinion that medical necessity for a lumbar ESI under fluoroscopy w/ IV sedation has not been established

**PATIENT CLINICAL HISTORY [SUMMARY]:** The patient is a male who was injured on XXXX while pulling a strap. The patient developed complaints of low back pain. Imaging studies noted degenerative changes from L3 through S1 with moderate to severe central stenosis at L3-4. There was also a disc protrusion at L5-S1 contacting the descending left S1 nerve root. The patient received a series of epidural steroid injections completed through XXXX. The patient reported improvements from the injection therapy. The patient was seen on XXXX with continuing low back complaints radiating to the lower extremities moreso to the left with associated numbness.

The patient's physical examination noted an absent left Achilles reflex with sensory loss in a left L5 distribution. The patient was noted to be in significant pain and CT myelogram studies were recommended to plan for surgical intervention. The proposed epidural steroid injections under fluoroscopy with IV sedation were denied by utilization review as there was limited clinical documentation regarding the objective efficacy of prior injections to corroborate with subjective complaints of subjective reports of improvement. There was also limited evidence regarding acute exacerbation or new onset of radicular symptoms.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:** The patient has been followed for an ongoing lumbar radiculopathy affecting the left lower extremity in a L5 and S1 distribution. The records noted the prior efficacy of epidural steroid injections; however, the most recent clinical assessment has clearly indicated the patient is now a surgical candidate. The patient has already undergone three prior injections but continued to be in significant pain. This would indicate the temporary relief of epidural steroid injections only. Now that the patient has been recommended for surgical intervention, there would be no continuing indications for epidural steroid injection under fluoroscopy with IV sedation. Therefore, it is this reviewer's opinion that medical necessity for a lumbar ESI under fluoroscopy w/ IV sedation has not been established and the prior denials remain upheld.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

☐ ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

☐ AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

☐ DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

☐ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

☐ INTERQUAL CRITERIA

☒ MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

☐ MILLIMAN CARE GUIDELINES

☒ ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

☐ PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

☐ TEXAS TACADA GUIDELINES

☐ TMF SCREENING CRITERIA MANUAL

☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)